Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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I. Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applica	able)	(C. 100 Approximation of the Control		For Official Use Only
Board of Supervisor, First District	Board of Supervisor, First District			
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	oos.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	9.00
Event Description LA Phil		Date(s) 5	, 2 , 2019	
Provide Title/	Explanation	-		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	⋉ If no: LA Phi		
			Name of So	urce
Was ticket distribution made at the behes of agency official?	t No⊠ Yes	If yes:	Official's Name (I	Last First)
			,	
 Recipients Use Section A to identify the agency's department 	or unit. • Use Se	ection B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	To see and seems of the seed of	lic purpose made pursuant	TASK THOUSE SERVICE THE P
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremon	Other Other describe below:	Income 🗖
		Ceremonial Role if checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	Nic purpose made pursuant	to the agency's policy
Signature of Agency Head or Designee	and 18942. I have v Dara Garcia Print Nai	Ticke	forth above, is in accordance will et Administrator Tille	th the requirements. SIYIG (Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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The second secon				
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form COZ
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			00	0.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$.00
Event Description LA Phil		Date(s) 5	,3 ,2019	
Provide Title/Explai	nation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phil		
18/on tiplicat direction when the table to the sale	1 21	_	Name of Sour	TC#
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	est, First)
			.,-	
Recipients Use Section A to identify the agency's department or use.	nit. • Use Se	ction B to identify an Individu	ial. • Use Section C to identif	v an outside organization.
A. Name of Agency, Department or Unit	Number of	Section and Association Control of	Anton de la constanta de la co	Nation (New York Control of the Cont
A. Name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per ticket policy 5.3 ((L)	
Stan		ref ticket policy 5.5	(N)	
	Number of		NYAK.	
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role	Other	Income 🔲
		If checking "Ceremoni	al Role" or "Other" describe below:	
		Ceremonial Role	Other 🗆	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
			A. F. Wan	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Pass(es)			en skiller i he gester i de g
Verification				
. Verification I have read and understand FRPC Regulations 18944.1 and 1	18942. I have v	erified that the distribution set &	orth above is in accordance with	the requirements
Barbara			t Administrator	01110
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
				(monus, Day, Idas)
Comment:		water the same of	The state of the s	

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Documen
I. Agency Name		2001	Date Stamp	California QQQ
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable)			<u> </u>	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)]			
Barbara Garcia, Ticket Administrator			[] Amondment (14)	
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1	68.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ 🖺	08.00
Event Description LA Phil Provide Title/Expla	unation	Date(s) 5	4 2019	
T 1 1/2 1/2	Yes□ No	I A Phi	I	
		-	Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	Last, First)
. Recipients				
Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	grand since for the last w	lic purpose made pursuant	1 1394 T. Park St. Satur 1
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the following of the lower of the lower of the lower of the lower describe below:	ng:
		Ceremonial Role If checking "Ceremon	Other Interest of the state of	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
(modue address and description)	Pass(es)			
		<u> 116</u>		
Verification I heve read and understand RPPC Regulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
			orth above, is in accordance wit et Administrator	h the requirements.
		Ticke		h the requirements. (Month, Day, Year)

Ceremonial Role Events and Tid	cket/Pass	s Distributions		A Public Document		
1. Agency Name			Date Stamp	California 802		
County of Los Angeles				Form OUZ		
Division, Department, or Region (If Applicab	le)		1	For Official Use Only		
Board of Supervisor, First District						
Designated Agency Contact (Name, Title)						
Barbara Garcia, Ticket Administrator						
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)		
213-974-4111 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information			Г			
Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$	99.00		
Event Description LA Phil	·····		,5 ,2019			
Provide Title/Exp	olanation	Date(s) 5	_//			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sc	ource		
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (Last, First)		
3. Recipients	Recipients					
Use Section A to identify the agency's department or	r unit. • Use Se	ection B to identify an individu	ual. • Use Section C to iden	tify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
Staff	2	Per ticket policy 5.3	(12)			
		Terticket policy 3.5	(K)			
	Number of					
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
		Ceremonial Role	Other	Income		
		If checking "Ceremon	ial Role" or "Other" describe below:	income		
	#	0				
		Ceremonial Role If checking "Ceremon.	Other ial Role" or "Other" describe below:	Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
(mount dualess and description)	Pass(es)					
	<u> </u>					
			Control of the state of the sta			
. Verification	d 19042 baye	and the state of t				
I have read and understand FPPC Regulations 18944.1 and	a 16942. I nave ve ra Garcia	1 1	oth above, is in accordance wit t Administrator	in the requirements.		
Signature of Agency Head or Designee	Print Nam			5114/19		
	rnii Nan		Title	(Month, Day, Year)		
Comment:				AND THE RESERVE OF THE PROPERTY OF THE PROPERT		

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles			Ser Ser HVI 198	Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District		3		
Designated Agency Contact (Name, Title)]	
Barbara Garcia, Ticket Administrator			[] Amendment (Must a	rovide explanation in Part 3.)
Area Code/Phone Number E-mail				lovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			1	68.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ L	00.00
Event Description LA Phil		Date(s) 5	,10 ,2019	
Provide TillerExpire		I A Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	∫X If no:	Name of So	urce
Was ticket distribution made at the behest	No⊠ Yes	s If yes:		
of agency official?			Official's Name (I	Last, First)
. Recipients				
Use Section A to identify the agency's department or the section A to identify the agency's department or the section A.	Number of	, the state of the fact by	Art in in the organist easy transfer	TOTAL CONTRACTOR OF THE
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role	Other	Income
		il checking Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	The contract of the contract o	Income
		If checking "Ceremon.	ial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	1			
. Verification				
I have read and understand FPAC Regulations 18944.1 and	18942. I have v	redified that the distribution set for	orth above, is in accordance wit	h the requirements.
Barbara Barbara		1 1	t Administrator	5/4/19
Signature of Agency Head or Designee	Print Na	me L	Title	(Month, Day, Year)
Comment:		- A		

Ceremonial Role Events and T	icket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
County of Los Angeles				Form OUZ	
Division, Department, or Region (If Application)	able)	•		For Official Use Only	
Board of Supervisor, First District		Section Annual Section and Control of the Control o	1		
·	Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator					
Area Code/Phone Number E-mail	Amendment (Must p	provide explanation in Part 3.)			
	oos.lacounty.go	OV	Date of Original Filing:		
2. Function or Event Information	,,,,,			(Month, Day, Year)	
Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	99.00	
	resea No	5	10 2019		
Event Description LA Phil Provide Title/1	Explanation	Date(s) 5	1,10 ,2019		
Ticket(s)/Pass(es) provided by agency?		If no: LA Phi			
ricket(s)/r ass(es) provided by agency?	Yes No		Name of So	ource	
Was ticket distribution made at the behes	t No⊠ Yes	If yes:			
of agency official?			Official's Name (i	Last, First)	
3. Recipients			16-0-0		
Use Section A to identify the agency's department		ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Staff	2	Per ticket policy 5.3 ((k)		
		r cr treket policy 3.3			
	Number of				
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	lng:	
		Ceremonial Role	Other	Income .	
		If checking "Ceremoni	al Role" or "Other" describe below:		
		Ceremonial Role If checking "Ceremoni	Other Garage Other and American Other Garage Other Other Garage Other O	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
			a suran on the more and some statement of the control of the contr	Wite state of the	
			COLUMN TO THE		
I. ⊁erification					
have read and understand PHPC Regulations 18944.1				th the requirements.	
THE TAX TO THE	oara Garcia	Ticke	t Administrator	5/14/19	
Signature of Agency Head of Designee	Print Nam	ne	Title	(Month, Day, Year)	
Comment:					
O SHIRION C.	V(4+			FPPC Form 802 (4/12)	
		F	PPC Toll-Free Helpline: 8	866/ASK-FPPC (866/275-7772)	

Ceremonial Role Events and Ticl	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California Ono
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisor, First District	Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	68.00
Event Description LA Phil	eccudares conservares conservares con ex	Date(s) 5	,10 ,2019	
Provide Title/Expla	anation	***************************************		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phil	Name of Soi	ırce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	.ast, First)
3. Recipients				
Use Section A to identify the agency's department or u		ection B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3 ((k)	
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremoni	Other describe below:	Income
		Ceremonial Role If checking "Ceremoni	Other I all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
	Pass(es)			
I. Verification I have read and understand FRPC Regulations 18944.1 and Barbara Signature of Agency Head or Designee		Ticke	orth above, is in accordance with t Administrator	5/4/19
Comment:	· m. van		THE	(Month, Day, Year)

gency Report of: eremonial Role Events and Tic	ket/Pass	Distributions		A Public Docume
Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail	****		Amendment (Must p	rovide explanation in Part 3.)
Area Code/Phone Number E-mail	lacounty o	OV	Date of Original Filing:	
Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	68.00
Event Description LA Phil		Date(s) 5	,10 ,2019	
Provide Title/Expla		I A Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	⊠ If no:	Name of So.	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	.ast, First)
Recipients				
Use Section A to identify the agency's department or u Name of Agency, Department or Unit	Number of	Commission of the contract of	Arteria de la Companya della company	TOTAL TRANSPORTER
A. Name of Agency, Department of Office	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3 ((k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role	Other	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
		Ceremonial Role	Other _	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agencyle nellay
(include address and description)	Pass(es)			to die agency a policy
Verification				
I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
Barbara	Garcia	Ticket	t Administrator	5/4/19
Signature of Agency Flead or Designee	Print Nam	ne	Title	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California Ong
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District	Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator	<u> </u>			
Area Code/Phone Number E-mail		SONAN	Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				44
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	9.00
Event Description LA Phil		Date(s) 5	,10 ,2019	
Provide Title/Exp Ticket(s)/Pass(es) provided by agency?		x If no: LA Phi	kanan da kanan kanan I	
risher(e)/r ass(es) provided by agency:			Name of Sou	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or		ection B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremoni	Other isl Role" or "Other" describe below:	Income 🔲
		Ceremonial Role If checking "Ceremoni	Other I	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Note read and understand RPPC Regulations 18944.1 and Barbar Signature of Agency-Heador Designee	1 18942. I have y a Garcia Print Nan	Ticke	orth above, is in accordance with t Administrator Title	the requirements. (Month, bay, Year)
Comment:				

C	eremonial Role Even	ts and Tic	cket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California Q02
	County of Los Angeles					Form 802
	Division, Department, or Regi	on (If Applicabl	le)			For Official Use Only
	Board of Supervisor, First Dis	trict				
	Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator				1	
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
	213-974-4111	bgarcia@bo	s.lacounty.go	OV	Date of Original Filing:	
2	Function or Event Infor				 	(Month, Day, Year)
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	99.00
		· P · · · · · ·	IESE INO		,11 ,2019	
	Event Description LA Phil	Provide Title/Exp	planation	Date(s) 5	W11	
	Ticket(s)/Pass(es) provided by	20000V2	Yes□ No	If no: LA Phi		
			Yes No	11110.	Name of So	purce
	Was ticket distribution made a	t the behest	No⊠ Yes	If yes:		
	of agency official?				Official's Name (Last, First)
3.	Recipients					3
	Use Section A to identify the agency	's department or		ction B to identify an Individu	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
	Staff		2	Per ticket policy 5.3 ((k)	
			Number of		T.WEST TO LET THE TWO	
	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other 🗆	Income \(\square\)
				MATERIAL TO A STATE OF THE STAT	al Role" or "Other" describe below:	income 🚨
					and the second statement of the second se	
		-				
				Ceremonial Role	Other Garage Other Other Other Other Other Other	Income
				in checking Ceremonia	al Note of Other describe below.	
	C. Name of Outside Organi (include address and desc	zation cription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				The state of the s	The state of the s	
١.	Verification .			JI.		
	Inave read and understand FPPC Regul	ations 18 <u>944.1 an</u> d	d 18942. I have ve	arified that the distribution set fo	orth above, is in accordance wi	th the requirements.
	1 hil buth	Barbar	ra Garcia	Ticke	t Administrator	5/14/19
	Signature of Agency Heed or Designee		Print Nam	ne L	Tille	(Month, Day, Year)
	Comment:					FPPC Form 802 (4/12)
				F	PPC Toll-Free Helpline: 8	866/ASK-FPPC (866/275-7772)

C	eremonial Role Events and	Ticket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				Form OUZ
	Division, Department, or Region (If Appli	icable)		1	For Official Use Only
	Board of Supervisor, First District			1	
	Designated Agency Contact (Name, Title)			4	
	Barbara Garcia, Ticket Administrator				
	Area Code/Phone Number E-mail	Amendment (Must)	provide explanation in Part 3.)		
		bos.lacounty.go	OV	Date of Original Filing:	Month Con Your
2.	Function or Event Information			<u>л</u>	(Month, Day, Year)
	Does the agency have a ticket policy?	Yes ⊠ No	☐ Face Value of	of Each Ticket/Pass \$	168.00
		TOOL TO	- word and the second s	,12 ,2019	
	Event Description LA Phil Provide Title	e/Explanation	Date(s) 5		
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	IX If no: LA Phi	1	
				Name of So	ource
	Was ticket distribution made at the behe of agency official?	est No⊠ Yes	If yes:	O#6-1-11- N	// set Einfl
_				Official's Name	(Last, First)
3.	Recipients				10000 AV 2001 AV 2001
	Use Section A to identify the agency's department	nt or unit. • Use Se Number of	ction B to identify an Individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
	Staff	2	Per ticket policy 5.3	(k)	
	B. Name of Individual	Number of			
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	/Ing:
			Ceremonial Role	Other	Income 🔲
			If checking "Ceremon	ial Role" or "Other" describe below:	
			Ceremonial Role	Other	
				ial Role" or "Other" describe below:	Income
					The state of the s
	Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
		Pass(es)			
	L			# C	
ŀ.	Verification	4 4 400 40 44			
	I have read and understand FPPC Regulations 18944.	<i>1 and 18942. I have ve</i> rbara Garcia			th the requirements.
	Signature of Agency Head or Designee			t Administrator	51119.
	organistic or nativy read of Designee	Print Nam	16	Title	(Month, Day, Year)
	Comment:				
	¥	-			FPPC Form 802 (4/12)
				FPPC Toll-Free Helpline: 1	866/ASK-FPPC (866/275-7772)

Agency Report of:		
Ceremonial Role Events	and Ticket/Pass	Distributions

				A Public Documen
Agency Name			Date Stamp	California 802
County of Los Angeles		*	**	Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
oard of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			ac	000
ooes the agency have a ticket policy? Yes No Face Value o			of Each Ticket/Pass \$ 99.00	
Event Description LA Phil		Date(s) 5	, 12 , 2019	
Provide Title/Exp	lanation	LA Phi		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA FIII	Name of Source	
Was ticket distribution made at the behest	No⊠ Yes			
of agency official?	No er Yes	☐ If yes: ☐	Official's Name (La	ast, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the followin Other	g:
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)		Describe the public purpose made pursuant to the agency's policy		
Verification I have read and understand FRPC Regulations 18944.1 and Barbar Signature of Agency Head of Designee	l 18942. I have ve a Garcia Print Narr	Ticke	orth above, is in accordance with t Administrator Tille	the requirements. S U S O O O O O O O O O

Agency Report of: Ceremonial Role Events and	Γicket/Pass	s Distributions		A Public Document
Agency Name County of Los Angeles Division, Department, or Region (If Applic)	eable)		Date Stamp	California 802 Form Solution Official Use Only
Board of Supervisor, First District Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail			1	provide explanation in Part 3.)
213-974-4111 bgarcia@ 2. Function or Event Information	bos.lacounty.g	ov	Date of Original Filing: (Month, Day, Year)	
			of Each Ticket/Pass \$ 168.00 Name of Source	
Was ticket distribution made at the behest No ✓ Yes If yes:			Official's Name (
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an Individual. • Use Section C to identify an outside organization.				
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow Other Other describe below:	Ing:
		Ceremonial Role		Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy	
4. Verification Nave read and understand RPPC Regulations 18944.1 Barl	and 18942. I have ve		orth above, is in accordance wit	th the requirements.
Signature of Agehox-Head or Designee	Print Nan		Title	(Month, Day, Year)
Comment:			FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12)

Ceremonial Role Events and	Ticket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Appl	licable)			For Official Use Only
Board of Supervisor, First District		and the second s		
Designated Agency Contact (Name, Title,				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail				provide explanation in Part 3.)
213-974-4111 bgarcia@	abos.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			Ι	
Does the agency have a ticket policy?	Yes ⊠ No	Face Value o	of Each Ticket/Pass \$	168.00
Event Description LA Phil			,12 2019	
Provide Titl	e/Explanation	Date(s) 5		L_//
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phil		
		Manuscravity and the second se	Name of Sc	ource
Was ticket distribution made at the beha- of agency official?	est No⊠ Yes	If yes:	Official's Name ((Last Firet)
	-		Official's Name	Lasi, Filsij
 Recipients Use Section A to identify the agency's department 	ent or unit allea Sa	ction R to identify an individu	ual a lica Spotian C to idea	elfer on autoido accanination
A. Name of Agency, Department or Unit	Number of			
A. Name of Agency, Department of Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
Staff	2	Per ticket policy 5.3 ((L)	
Stan		Per ticket policy 5.5 ((K)	
	Number of			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	lng:
		Ceremonial Role	Other	Income 🗌
		If checking "Ceremoni	al Role" or "Other" describe below:	
		Ceremonial Role	Other	
		A SECULOSIA A SECULO	al Role" or "Other" describe below:	Income
			tones along a title a suit a contra a c	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to the agency's policy	
	Pass(es)			man at letter of the specific of the
			,	
				William Willia
l Varification				
1. Verification	erification ave read and understand IFPPC Regulations 18 <u>944.1 and 18942. I have verified that the distri</u> bution set for			th the requirements
1 1 1 / 1 1 / 1	rbara Garcia		t Administrator	th the requirements.
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
				(wonth, Day, rear)
Comment:				
		F	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 366/ASK-FPPC (866/275-7772)

C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				Form OUZ
	Division, Department, or Region (If Applicable	e)			For Official Use Only
	Board of Supervisor, First District	V-1000000000000000000000000000000000000		1	
	Designated Agency Contact (Name, Title)			1	
	Barbara Garcia, Ticket Administrator			<u> </u>	<u> </u>
	Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)	
	213-974-4111 bgarcia@bos	bgarcia@bos.lacounty.gov			(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	9.00
	Event Description LA Phil	(Marshing a street of the stre	Date(s) 5	,12 ,2019	
	Provide Title/Expl.	anation	710000000000000000000000000000000000000		
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	rce
	Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Officially Name (I	
_				Official's Name (L.	ast, first)
3.	Recipients • Use Section A to identify the agency's department or	unit allsa Sa	action B to identify an Individu	ual a lien Section C to identi	fr an autoide argenization
		Number of	and the second second	Are row to a water an realization	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (o the agency's policy
	Staff	2	Per ticket policy 5.3	(k)	
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	\g:
			Ceremonial Role	Other _	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	and the second s
			Ceremonial Role		Income
			If checking "Ceremon.	ial Role" or "Other" describe below:	and the second s
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
4.	Verification .	<u> IL </u>	411		
	I have read and understand FFPC Regulations 18944.1 and	18942. I have v	erified that the distribution set for	orth above, is in accordance with	the requirements.
	Barbara	a Garcia	Ticke	t Administrator	5/4/19
	Signature of Agency Head or Designee	Print Nan	ne L	Пtle	(Month, Day, Year)
	Comment				
	Comment:	- Complete and Com			